Minutes of Governing Body Meeting Tuesday 3 June 2014

NHS
Norwich
Clinical Commissioning Group

	Present: Dr Chris Price (CP) – GP, Chair of Governing Body Dr Cath Robinson (CR) – GP, Governing Body Member Dr David Goldser (DG) – GP, Governing Body Member Dr Chris Francis (CF) – GP, Governing Body Member Tracy Williams (TW) – Nurse Practitioner, Governing Body Member Dr Victoria Stanley (VS) – GP, Governing Body Member Prof Paul Jenkins (PJ) – Non-Exec Member Irene MacDonald (IM) – Non-Exec Member Paul Fisher (PFi) – Non-Exec Member (until 5.00 pm, post item 18) Jonathon Fagge (JF) – Chief Executive Officer Jo Smithson (JS) – Director of Finance **In attendance:** James Elliott (JE) – Director of Clinical Transformation Sheila Glenn (SG) – Director of Quality, Strategy & Innovation Nikki Cocks (NC) – Director of Operations Tim Curtis (TC) – Communications Manager Augustine Pereira (AP) – Public Health Consultant Laura McCartney-Gray (LMG) – Engagement Manager Ermir Prendi – Norwich City Council (Item 7) Mark Hodgson, Ernst & Young (Item 9) Ian Small – Deputy Head, Medicines Management, NHS NEL CSU (Item 13) Kate Hinchley (KH) – Executive Assistant to Chair and CEO (Minutes)	
	Dr Chris Price in the Chair	
1.	**Introduction and Apologies**	
1.1	The Chairman opened the meeting by welcoming members of the public and inviting them to participate with questions as they felt inclined. He explained that this meeting replaced the one previously scheduled for 27 May which it had been necessary to change for the purposes of business work flows.	
1.2	Notice of NHS Norwich CCG's Annual General Meeting on 24 June 2014 was also given with full details available at www.norwich.ccg	
1.3	Apologies were received from Pam Fenner, Non-Executive Member	
2.	**Declarations of Conflicts of Interest (CoI)**	
	As practicing GP's, Dr's Price and Goldser declared their interests in Agenda Item 13 (Medicines Management Incentive Scheme). For this reason they would not take part in this discussion.	
3.	**Items Exempt under the Freedom of Information Act (FoI)**	
	None	
4.	**Minutes of previous meetings and Action Log**	

4.1	The Minutes of the meeting held on 25 March 2014 were agreed as an accurate record.	
4.2 4.3	The Minutes of the extraordinary meeting held on 22 April 2014 were agreed as a correct record subject to an amendment at paragraph 5.2 to change "Remuneration Committee" to Audit Committee. The Chairman explained that the reasons for calling the extraordinary meeting related to progressing urgent end of year business, much of which appears on the agenda of today's meeting. He went on to welcome Dr Victoria Stanley to her first meeting following her successful election to the Governing Body in April.	Secretariat
4.4	Matters Arising: In regard to paragraph 10.2 of the Minutes concerning the NNUH Contract, the Chief Executive advised that resolution had been reached through mediation and the contract is expected to be signed tomorrow.	
4.5	Action Log: All entries on the previously circulated document were noted to be on target or otherwise on the agenda today. Referring to a previous question from a member of the public concerning zero hours contracts, the Chairman confirmed that there is no clause in the Standard NHS Contract that precludes providers from using zero hours contracts.	
5.	**Chair's Action**	
	None	
6.	**Questions from the Public – Items not on the Agenda**	
	None	
7.	**Patient Story**	
7.1	Following an introduction by TW, the Governing Body received a presentation from Ermir Prendi, Single Homeless and Rough Sleeper Co-ordinator for Norwich City Council. He provided case studies which identified some of the challenges in delivering health care to homeless people. He went on to explain how linkages with City Reach and St Martin's Housing Trust had led to closer communication and improved service delivery for these patients and the development of a map of services for homeless people in Norwich.	
7.2	JF was keen to understand how the planned discharge process (from hospital) might be improved to better screen for homelessness. TW advised that this is a problem across all areas and City Reach is working to raise awareness in all Acute Trusts. JF noted this for the purposes of informing future commissioning. The Chairman closed this item by thanking Mr Prendi for his presentation.	
8	**Harvest Reports – Norwich CCG Quality and Patient Safety Committee**	
8.1	The Director of Quality, Strategy and Innovation (SG) presented these previously circulated reports which had received scrutiny from the CCG's Quality and Patient Safety Committee. Key areas of activity were highlighted. It was noted that, overall, the Quality and Patient Safety Committee is assured of services at NNUH, but that the trajectory had decreased owing to the number of Serious Incidents reported in the period (root cause analyses pending) and the potential drug error in obstetric theatres. It was further noted that an NNUH nurse had won an award for exemplary service to End of Life Care at the Trust.	

8.2	Addressing a question from PJ, SG confirmed that, statistically, patients are more likely to die if admitted on a weekend. PJ went on to enquire whether this information is raised at CQRM meetings and whether the Governing Body will have sight of this information. SG confirmed that both CQRM and Governing Body will receive this data and, in response to a further question from PJ, that further information on mortality rates for weekdays would be supplied to the next meeting.	SG Next meeting
8.3	With regard to the information supplied on page 6 of the NNUH report, DG was concerned that 30% of care plans are not received by GP's within the 24 hour window required. He was also concerned that GP's are not being informed of admissions; he felt that these short comings negatively impacted GPs' ability to plan for their patients' discharge from hospital. Acknowledging these points, SG confirmed she would bring this to the attention of the Trust and remind them of their contractual obligation to adhere to these standards.	SG
8.4	Turning to the Local Harvest report, the following were noted: NCHC: Assured – slight increase in trajectory. NSFT: Not assured – no change in trajectory. OOH and 111: Assured – no change in trajectory. Care Homes: Assured – no change in trajectory.	
8.5	TW commented that in regard to NSFT, there is evidence to suggest that referrals are lost after initial assessments. SG will escalate this information to the co-ordinating commissioner.	SG
8.6	CF pointed out that the Quality and Safety Committee had not been assured on services at NSFT for many months and he questioned how long this situation is expected to be tolerated. Responding, the Chief Executive advised that he is anticipating full assurance no later than March 2015.	
8.7	Concluding this item, the Chairman thanked SG for the reports and for presenting the complexities of the data in a digestible format.	
9.	**Annual Report and Accounts**	
9.1	Presenting the report circulated with the Agenda, the Director of Finance (JS) explained that, in line with NHS Norwich CCG's statutory duty to submit its fully audited Annual Report and Accounts by 6 June 2014 to the Secretary of State, draft accounts had been previously circulated to Governing Body members. JS further confirmed that the audit of the Annual Report and Accounts had been completed and the report from the External Auditor (Ernst and Young) had been taken to the Audit Committee for final scrutiny this morning, 3 June 2014.	
9.2	Mark Hodgson, Director of Audit (Ernst & Young), provided an overview of his role concerning the inspection of the Accounts. He confirmed that he had no matters of internal control to report and that he planned to authorise the accounts. He had however identified one projection error of £474,000; he explained this fell outside of his remit so he had taken the matter back to Audit Committee for clarification and possible adjustment. He added that, if Audit Committee chose to not adjust this projection, it would not prevent him from authorising the accounts.	
9.3	The Chairman of the Audit Committee, Paul Fisher, confirmed that the Audit Committee had fulfilled its constitutional obligations in scrutinising the accounts and	

	had completed the Letter of Representation to the auditor. Referring to the projection error mentioned by the Mark Hodgson, PF reported that the Audit Committee had decided to support the management team's decision on this matter as it did not impact the bottom line, therefore there would be no amendment. He was clear that the Accounts represented a true and fair view of the financial position of NHS Norwich CCG, he was happy with the changes the Director of Finance had incorporated into the draft and he recommended the Accounts and Annual Report be approved.	
9.4	The Chief Executive added that this first year of operation for CCG's had been one of the most difficult and turbulent in the history of the NHS and he cited Continuing Health Care legacy debt (from the former Primary Care Trust) and Specialist Services as major areas of constraint. Against this backdrop, he said he felt particularly proud to have reached this point with a clean bill of health and he congratulated and thanked the Director of Finance on her enormous efforts in achieving this. This view was echoed by the Governing Body and followed by further thanks from the Chairman.	
9.5	Subject to the addition of signatures by the Chief Executive (Accountable Officer), the Governing Body approved the Accounts and Annual Report and their onward publication on 6 June.	
9.6	The Chairman advised members of the public that the final document would be available at www.norwichccg.nhs.uk on Friday 6 June and will form part of the Annual General Meeting scheduled for 24 June 2014.	
10.	**2 Year Financial Plan**	
10.1	JS presented this report which summarised the final two year plan and highlighted changes between the final version and interim plan submitted to Governing Body in March.	
10.2	With regard to the table on page 3 of the report, JS wished to point out the CCG's commitment to spending on Mental Health services year on year. She explained that the table represented the minimum position but fully anticipated further investment in Mental Health possibly realised through additional monies from the Better Care Fund. IM welcomed this reassurance, but cautioned there is much to achieve with the funds available and she urged closer partnership working with Public Health to maximise use of resources.	
10.3	The report also included an update on QIPP – a key area for 2014/15. Progress to date has been significant with the creation of a plan that details the schemes identified to deliver the necessary savings. Details of the QIPP plan were shown on page 5 of the report. The Governing Body noted this as the final report from JS on QIPP as the Chief Executive Officer takes the lead for this work going forward. The report also included a breakdown of the Better Care Fund effective in 2015/16 and its implications for transforming services through integrated care.	
10.4	SG asked for clarification on whether any changes to Bank of England base rates would affect the CCG's financial position. In reply, JS explained that there would be no direct link although underlying costs may impact through (for example) pay inflation; in which case projections may be affected.	
10.5	DG questioned how the level of savings in emergency admissions and prescribing identified in the report could be achieved. JS explained that emergency	

	admissions in 2013/14 had reached unprecedented levels, and she was therefore confident that zero growth was an accurate projection. In terms of prescribing, JS explained that a 2% efficiency saving is expected to be generated from the Prescribing Incentive Scheme (covered in Agenda Item 13.) JS further explained that with regard to Continuing Health Care, a Steering Group has been established to monitor progress against efficiencies but she acknowledged that there are risks. If savings cannot be achieved a report will be brought back to Governing Body to agree how to achieve financial balance.	
10.6	JF advised that this important work to control costs is high on the SMT agenda and a full report will be brought back to Governing Body in July. PJ suggested that in order to change emergency admission rates it might be necessary to invest in more clinical triage at the front door.	July Agenda
10.7	Referring to the projected savings in respect of Clinical Academic Reserve, JF explained the current challenge from NHS England and possible risk to this projection. (Governing Body decision 26 November 2013 refers.) He explained that the matter related to a previous arrangement between the former Strategic Health Authority and medical schools, but he did not believe this to be an enforceable or transferable contract with CCGs. In the meantime, the matter has been placed on the Risk Register. In the event that the challenge is successful, the costs will be covered by reserves. The Chairman summarised by reminding Governing Body members that this has the potential to affect NHS England's decision to approve the CCG's financial plan. However, it was his understanding that partner CCGs similarly do not accept they are the successor body for this arrangement or that they have financial liability.	
10.8	CR asked for more comprehensive breakdown of the 'other' category, and was particularly interested in the 111 service contract. JS agreed to provide this.	JS
11	**Integrated Care Board – Progress Report and ToR**	
11.1	The Director of Clinical Transformation presented the previously circulated report which detailed the pathways for redesigning and implementing services to transform and integrate health and social care, and plans for the involvement of patients in this process. The paper included Terms of Reference (ToR) for the main reporting groups and a framework of metrics to measure outcomes.	
11.2	The Governing Body noted the Director of Operation's caution regarding the proposal in the report for the Integrated Care Board to function as a sub-committee of the Governing Body which, owing to its collaborative structure, had the potential to conflict its members.	
11.3	Having debated the options set out in the paper the Governing Body agreed to:	
	i) authorise the governance structure shown on page 9 of the report; ii) authorise the Terms of Reference for the Integrated Care Programme Board and its membership shown on pages 10 and 11. It further confirmed authority to operate within the scope of NHS Norwich CCG's Operating Plan through its individual members' delegations, subject to regular monthly updates to the Governing Body, the first of which will confirm quoracy arrangements; iii) note the outcomes measures shown in the report based on the goals in the five year strategic plan; iv) defer the Terms of Reference for the Locality Groups until programme leads	JE

	are clearer on local views, and subject to a further report to Governing Body to confirm; v) invite the Community Involvement Panel to participate in a workshop within the next four weeks to establish patients' opinions on preferred methods for their continuous involvement in the development and implementation of the programme. Governing Body did not at this stage identify a clinical representative for its membership of the board or task and finish groups. This is to be determined.	JF/CP
11.4	Other key points from the debate: The Non-Executive Member with portfolio for Public Engagement (IM) explained that a meeting had been held a fortnight ago with the Community Involvement Panel to discuss aspirations on point v) above. The meeting had identified that, despite patient opinion being pivotal to this ambitious programme, the health system generally has huge work ahead to achieve full public and patient engagement given that much of the strategic direction is still determined by government constraints. She therefore welcomed the model set out in the report and its proposals for transforming the way in which patients can contribute to change.	
11.5	The Chairman concluded this item by thanking everyone involved in the work to date on this exciting initiative.	
12	**Neuro Rehabilitation Procurement**	
12.1 12.2	NC presented the report circulated with agenda which provided an update on a recent tendering exercise through NEL CSU to identify providers of Slow Stream Neurological Rehabilitation services. The Governing Body approved the recommendation of the evaluation team that 15 of the 16 providers identified in Appendix A of the report be accepted onto the framework for the services.	
13	**Medicines Management and Annual Report**	
13.1	In accordance with paragraph 2 above, Dr's Price and Goldser had declared interests in this item and they abstained from the discussion.	
	Mrs Irene MacDonald in the Chair	
13.2	The Deputy Head of Medicines Management and Prescribing (IS) presented his report which summarised prescribing activity during the 12 month period to March 2014 and sought approval for a prescribing incentive scheme for 2014/15.	
13.3	IS explained that it had been a particularly challenging year financially but that spending had come in almost on budget culminating in a 0.2% overspend at the end of March. The areas of concern identified in the report on page 5 were noted including a potential increase in costs in 2014/15 of 3 to 4 %. IS now works closely with the QIPP Programme Manager in order to identify further possible savings with the aim of reducing the projected increase in costs to 2%. IS went on to explain the Prescribing Incentive Scheme details in Appendix 1 of the report and took questions on its implementation.	
13.4	In summary the Governing Body	

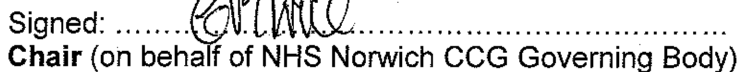
	i) Noted the report; ii) approved the Incentive Scheme described in Appendix 1; and iii) Agreed to receive an Annual Report for 2014/15 in quarter one of 2015/16.	
13.5	The Head of Prescribing was thanked for his report and all the work he has done for GP's across the last twenty year the Chairman commented that his approach and style had been particularly appreciated.	
	Dr Chris Price in the Chair	
14.	**Performance Report**	
14.1	The previously circulated report was presented by the Director of Operations and Delivery. Full details of the six areas of concern identified in the report were provided. JF will provide a briefing paper for Governing Body members for the Q4 meeting with the Area Team next week.	JF
14.2	The report was otherwise noted.	
15	**Approval of Clinical Policies**	
15.1	Following a short introduction to this matter, the Governing Body approved the process for ratifying Clinical Prior Approval policies set out in the report and presented by the Director of Operations and Delivery. Giving context to this decision, the Chairman reminded members that the CCG had inherited a number of polices from the predecessor body (PCT) and this is one of them. He suggested that, where it is not appropriate for the CCG's representative to make a decision alone, it is important that the matter is considered by Governing Body. He went on to explain that although the decision making process is workable, it is not a finished piece of work and further honing is required with absolute transparency at its core.	
16	**Governing Body Self-Assessment and Action Plan**	
16.1	The Director of Operations and Delivery presented her report which summarised the findings of the Governing Body Self-Assessment Review carried out in April 2014. Whilst there were no areas of significant concern there are areas where action can be taken to improve the effectiveness of the Governing Body further. The areas identified for improvement were noted and the Action Plan contained in the report was agreed.	NC
	The Chairman reminded members that the development session scheduled for 24 June (after the AGM) would be used to reflect on the findings in the report.	
17.	**Staff and Stakeholder Surveys**	
17.1	Governors were updated on the two surveys detailed in the report presented by the Chief Executive. The following key points were noted: 1) <u>Stakeholder Survey</u>: Overall the survey suggested that NHS Norwich CCG had successfully engaged with local stakeholders with high scores in a number of fields. The areas for improvement were noted as • Effective communication of decisions (51%) • Continuous improvement in quality (58%) • Clinical Leadership of continuous quality improvement (51%) • Taking stakeholder comments on board (58%) 2) <u>Staff Survey</u>: Of those that completed the survey, the overall happiness at	

	work score was 6.4, with only three of the measures scoring below the national average of 5.0. The Governing Body noted that the survey was completed during March / April 2014 during a period of considerable change in the organisation. Areas requiring further work: • Workload and the potential for stress at work • Co-operation between teams • The extent to which staff recognise that the work they do is of direct benefit to the patients and public we serve	
17.2	Directors will now engage within and across teams to identify how to more effectively build stronger links between teams and effectively manage the total CCG workload.	
17.3	The Chief Executive was congratulated on the overall results.	
18.	**Ambulance Commissioning Consortium**	
18.1	The Chief Officer presented his previously circulated report which, for the purposes of stabilising the provider, sought to identify: 1) Draft arrangements for representing the Norfolk & Waveney CCG's on the revised Ambulance Commissioning Consortium 2) Provide an update on a business case submitted by the East of England Ambulance Service (EEAST) for significant investment to improve ambulance services across the East of England.	
18.2	During the discussion that followed, the Director of Operations and Delivery guided that the governance arrangements for the consortium had the potential to compromise the decision making powers of the CCG as the voting shares outlined in report meant that the CCG could be out-voted. It was agreed that JF and NC would discuss further outside of this meeting to determine whether the governance proposals met with national guidance.	JF/NC
18.3	With regard to Section A and B of the report (commissioning arrangements) the Governing Body agreed to 1) Approve NHS Norwich CCG's participation in the Consortium and for the North Norfolk CCG Accountable Officer to represent it at the Executive Board; 2) grant outline approval for the arrangements of the Locality Ambulance Commissioning Groups; and 3) grant outline approval for the draft governance and decision making arrangements detailed in the report subject to further clarification of voting shares.	
18.4	In respect of Section C of the report, concerning the business case for investment in a recovery programme, the Governing Body noted that its contribution to the overall cost would be £325,000. In answer to a question, the Director of Finance confirmed that the sum would be met from non-recurrent reserves.	
18.5	Following a short debate, the Governing Body concluded that, given its size and capacity, it had little alternative than to incur this cost in order to meet the specific pressures it faced in terms of ambulance service provision in an urban area. It therefore agreed to:	

	1) Confirm its support for investment in EEAST, to a maximum of £325,000, to address performance concerns across the Trust and in particular to address performance in Norfolk; 2) agree the joint approach of Norfolk and Waveney CCGs in seeking appropriate assurance that investment in EEAST represents value for money and will delivery performance improvement in Norfolk.	
19.	**Co-Commissioning**	
19.1	The Governing Body noted the Chief Executive's report concerning NHS England's invitation to develop new arrangements for the co-commissioning of Primary Care Services and agreed:	
19.2	1) NHS Norwich CCG will not express an interest for delegated budgets and direct commissioning responsibilities for Primary care; 2) NHS Norwich CCG will work in partnership with the NHS England Area Team to develop an Oversight Group, and make a joint response to the NHS England letter on this basis.	
20.	**Audit Committee Chair's Report**	
	In the absence of PF, the Audit Committee Chairman's report was presented by the Director of Operations and Delivery. The purpose of the paper was to provide an update on the April meeting of the CCG's Audit Committee. The report was noted.	
21.	**Governing Body Assurance Framework (GBAF)**	
	The previously circulated report was presented by the Director of Operations and Delivery who highlighted the high risk areas identified in the report and new risks. A date column has been added to the framework for use going forward. The report and actions being taken to mitigate risks were noted.	

The meeting closed at 5.07 pm

Minutes agreed as accurate record of meeting:



Signed: .... Date: 14.7.2015
Chair (on behalf of NHS Norwich CCG Governing Body)